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Bib Data Sheet

CONFIRMATION NO. 9967

SERIAL NUMBER 10/080,979	FILING DATE 02/22/2002 RULE	CLASS 514	GROUP ART UNIT 1635	ATTORNEY DOCKET NO. ISIS-5028
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APPLICANTS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/22/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 21	CLAIMS 22	CLAIMS 5
Verified and Acknowledged	Examiner's Signature <i>None</i>	Initials			

ADDRESS

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TITLE

Method of using modified oligonucleotides for hepatic delivery

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
RECEIVED 537		